

Testimony
Lori Calvert
HB 7040

At UCONN a policy is in place that directs all its medical professionals on how the proper way to access a Port/Central line. The policy is entitled CENTRAL/ARTERIAL LINE INSERTION PROCEDURE NOTE & CHECKLIST which contains a detailed checklist of procedures to follow. Here is a copy my testimony a copy of this document. I have been in numerous departments in UCONN Health Center that have accessed my Port. Never has any one department followed the written procedure aside from the Emergency Department. This is a huge health risk for me and every other person whose care is governed by this policy and is simply ignored.

On January 11, 18, and 25th of 2010 I had my Port-A-Cath accessed at UCONN infusion center for blood draws. The nurse did not follow the sterile procedure. On January 28th 2010 I was admitted to UCONN with a fever of 104 and was found to have a central line infection. Blood cultures from the Port-A-Cath and left arm peripherally were found positive for coagulase negative Staph.

After 6 days in the hospital I was discharged to an in home care nursing service to finish an additional 14 day course of IV antibiotic therapy to resolve this infection in order to salvage the Port.

May 1, 2013 I had to go to UCONN radiology department to have a dye study done on the Port because it was not working correctly. The sterile procedure was so grossly violated I called my doctor's office immediately after they accessed the port, I was extremely concerned to say the least. The first issue was not having a sterile field. The unmasked nurse or assistant was walking necessary materials across the room to me and the MD accessing the port. The second was taking the needle out of one side of the port and using the same needle to access the other side of the port. I made a formal complaint about what had happened and was very worried that I was going to be septic within hours. 5 hours later I was admitted to UCONN with another line infection. This one was so severe they could not salvage the port. I ultimately had 3 surgeries to resolve the issue including removing the infected Port, placing a temporary pic line so I could still receive the IV therapies my life depends on, and then the final placement of the new Port.

Infections of any sort are particularly dangerous to everyone with a port as I and presumably many other patients are on numerous immunosuppressive therapies including chemotherapy and IVIG. This makes the ability to fight even the simplest infection quite difficult and at times life threatening.

This failure to follow sterile procedure across departments throughout the UCONN medical facility puts everyone at risk every time a central or arterial line is accessed and will continue into the future unless an action is authorized by this committee with an eye toward correcting this conduct. Infection prevention and control is an important part of UConn's performance evaluations as an institution, which would be greatly benefitted by being required to follow its own policies as a result of this action on behalf of all similarly situated persons would certainly mandate.

Respectfully Submitted,

Lori Calvert

2/23/15